

# Kirschstein-NRSA Individual Fellowship Application

## Checklist

Applicant completes Section 1. Sponsor completes Section II.

NAME OF APPLICANT (Last, first, middle initial)

### Section 1--Applicant

#### A. TYPE OF APPLICATION

☐ NEW application (This application is being submitted to the PHS for the first time.)

☐ COMPETING CONTINUATION of award number \_\_\_\_\_  
(This application is to extend a funded award beyond its current award period.)

☐ REVISION of application number \_\_\_\_\_  
(This application replaces a prior unfunded version of a new or competing continuation application.)

#### B. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by your signature in Item 15 on the Face Page of the application. • Debarment and Suspension; • Delinquent Federal Debt; • Drug-Free Workplace (Applicable only to new or revised applications being submitted to the PHS for the first proposed project period-- Type 1.) Descriptions of individual certifications are included in Section III.B, Policies, Assurances, and Certifications, of the application instructions. If unable to certify compliance, provide an explanation and place it after this page.

#### C. KIRSCHSTEIN-NRSA SENIOR FELLOWSHIP APPLICANTS ONLY

##### 1. PRESENT INSTITUTIONAL BASE SALARY

Amount Academic Period/number of months

##### 2. STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP

###### a. Stipend requested from PHS

Amount Number of months

###### b. Supplementation from other sources

Amount Number of months Type (sabbatical leave, salary, etc.) Source

#### D. TUITION, FEES AND HEALTH INSURANCE

Predoctoral applicants should list estimated combined costs of tuition, fees and health insurance. Postdoctoral applicants should list the estimated costs for the tuition and fees for courses planned that support the research training experience. For postdoctoral applicants, those courses should be described under Item 30, Research Training Plan. Health insurance for postdoctoral fellowships is paid as part of the institutional allowance.

### Section II -- Sponsoring Institution

The following assurances/certifications are made and verified by the signature of the Official Signing for Sponsoring Institution in Item 38. Descriptions of sponsoring institution assurances/certifications are included in Section III.B, Policies, Assurances, and Certifications, of the application instructions. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects; •Research Using Human Embryonic Stem Cells; •Research on Transplantation of Human Fetal Tissue; •Research Misconduct; •Recombinant DNA and Human Gene Transfer Research; •Vertebrate Animals; •Debarment and Suspension; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Financial Conflict of Interest.